BEFORE you meet with our office, please complete this form to the best of your abilities. This is an exercise to prepare you for our meeting.

If you decide to retain our office to prepare your Last Will, Trust, or Power of Attorneys, we will be asking you questions as to who you would appoint for these various roles. Please be prepared to give this completed form to the attorney at start of the meeting, along with your completed Family Tree.

I. Executor / Personal Representative / Trustee

This person will couples, usuall	I be responsible for distributing you y your Spouse will be named as yo	ur assets upon your death. For married our 1 st choice.
1)		(and his/her Relation to you)
2)		
3)		
II. <u>Fina</u> ı	ncial Power of Attorney Agent	
This person will manage your assets if you are alive, but mentally incapacitated (such as ensuring your bills are timely paid). For married couples, usually your Spouse will be named as your 1 st choice. Name someone honest and responsible.		
1)		and his/her Relation to you)
2)		
3)		
III. <u>Healt</u>	hcare Representative (aka Heal	th Power of Attorney)
This is the person for talking to your doctors and making healthcare decisions for you like where you will receive care & whether you will receive certain treatments. For married couples, usually your Spouse will be named as your 1st choice. Appoint someone who is nearby. Someone who can regularly check in on you at a hospital.		
1)	(8	and his/her Relation to you)
2)		
	annoint must at least be 10	

^{***} The people you appoint must at least be 18 or older.

^{****}You may name Co-Agents/Representatives, but they must be people who can agree on everything together. Co-Agents/Reps. are like having a car with 2 or more steering wheels. Your representatives will need to coordinate their decisions or else they will crash or go nowhere.